

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

CAROL BLANCHARD, EXECUTIVE DIRECTOR OF  
THE TEAMSTERS UNION 25 HEALTH SERVICES  
& INSURANCE PLAN,  
Plaintiff,

05 11236 NG

v.

KEITH NOLIN,  
Defendant.

MAGISTRATE JUDGE *Boyle*

RECEIPT # *64925*  
AMOUNT \$ *250*  
SUMMONS ISSUED *yes*  
LOCAL RULE 4.1 ☐  
WAIVER FORM ☐  
MCF ISSUED ☐  
BY DPTY. CLK. *F.O.V.*  
DATE *6/13/05*

COMPLAINT

I. INTRODUCTION

1. This is an action by the Executive Director of the Teamsters Union 25 Health Services & Insurance Plan (hereinafter, the "Plan") for the collection of disability benefits paid to the Defendant from August 25, 2002 through October 30, 2002.

II. JURISDICTION AND VENUE

2. The Plaintiff, Carol Blanchard (hereinafter, "the Plaintiff") invokes the jurisdiction of this Court pursuant to § 502 of the Employee Retirement Income Security Act, 29 U.S.C. § 1132 ("ERISA"), and federal common law, 28 U.S.C. § 1331.

3. Venue is proper in this District Court pursuant to ERISA § 502(e)(2), 29 U.S.C. § 1132(e)(2), because, *inter alia*, the relevant employee benefit plan is administered in this District, and pursuant to 28 U.S.C. § 1391(a), because the Plaintiff's claims arose in this District.

III. PARTIES

4. The Plaintiff is the Executive Director of the Plan and a "fiduciary" within the meaning of § 502(a)(3) of ERISA, 29 U.S.C. § 1132(a)(3). The Plan is a "multi-employer plan" as that term is defined by § 3(37)(A) of ERISA, 29 U.S.C. § 1002(37)(A), and is an "employee benefit plan" or "plan" as that term is defined in § 3(3) of ERISA, 29 U.S.C. § 1002(3). The Plan has its principal office and is administered from 16 Sever Street, Boston, Massachusetts.

The Plaintiff is authorized to bring this action on behalf of the Plan. The Plan is administered by Trustees in accordance with LMRA § 302(c)(5), 29 U.S.C. § 186(c)(5), and exists for the exclusive purpose of providing medical benefits and related benefits to its participants and beneficiaries.

5. Defendant Keith Nolin (hereinafter, “the Defendant”) is an individual whose mailing address is 8 Marshall Road, Kingston, New Hampshire 03884.

#### **IV. ALLEGATIONS OF FACT**

6. On August 7, 2002, the Defendant, a participant in the Plan, suffered a work-related injury.

7. As a result of the work-related injury, the Defendant received disability benefits from the Plan in the amount of \$4,419.60 between August 25, 2002 and October 30, 2002.

8. On August 28, 2002, the Defendant executed the Plan’s Reimbursement Agreement And Consent To Lien form wherein the Defendant agreed to repay the Plan the total amount of benefits referred to in paragraph 7 above in the event that he receives workers’ compensation benefits on account of the same injury. By that same agreement, the Defendant agreed to “promptly notify the Health Plan if I or my dependent(s) make any claim...against any third party as a result of the injuries sustained and if I...recover any settlement or judgment from such a third party claim...I...will reimburse the Health Plan for the full amount of such benefits” (See Exhibit “A”).

9. On June 3, 2003, the Defendant executed a Section 19 Agreement whereby he received Section 34 benefits at the rate of \$533.12 from August 7, 2002 through October 26, 2002, and agreed to reimburse the Plan for wage payments advanced (See Exhibit “B”).

10. The Defendant is obligated to remit to the Plan the amount of disability benefits referred to in paragraph 7 above under the terms of the Plan and by the written agreement which the Defendant signed prior to his receiving benefits payments described in paragraph 7.

11. By letters dated July 22, 2003, July 31, 2003, the Plan requested that the Defendant repay the full amount of the benefits paid to him of \$4,419.60 (See Exhibit "C," Exhibit "D"). The Defendant, however, has not made payment.

12. On August 20, 2003, the Plan suspended the Defendant's benefits due to the Defendant's continued failure to reimburse the Plan for disability benefits conferred by the Plan during the period of his absence due to the work related injury suffered on August 7, 2002 (See Exhibit "E").

### **COUNT I**

#### **(Enforcement Of The Plan's Terms)**

13. The Plaintiff reavers every allegation contained in paragraphs 1 – 12 contained herein.

14. The Defendant has violated the terms of the Plan by failing and refusing to repay the amount of disability benefit payments referred to in paragraph 7.

15. The Plaintiff is entitled to enforce the Plan pursuant to ERISA § 502(a)(3), 29 U.S.C. § 1132(a)(3).

### **COUNT II**

#### **(Breach Of Contract)**

16. The Plaintiff reavers every allegation contained in paragraphs 1 – 12 contained herein.

17. The Defendant has breached contractual obligations by failing and refusing to repay the Plan the amount of disability benefit payments referred to in paragraph 7.

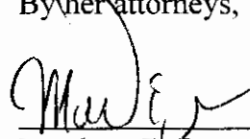
18. The Plaintiff is entitled to the enforcement of these contractual obligations.

**V. PRAYERS FOR RELIEF**

WHEREFORE, the Plaintiff prays that judgment enter for the following:

- (1) The unpaid disability benefits in the amount of \$4,419.60;
- (2) Reasonable attorney's fees and costs of the action;
- (3) A permanent injunction prohibiting the Defendant from any future violations of ERISA or the LMRA with respect to the Plan; and
- (4) Such other legal and equitable relief as the Court deems appropriate.

For the Plaintiff,  
**CAROL BLANCHARD,**  
**EXECUTIVE DIRECTOR,**  
**TEAMSTERS UNION 25 HEALTH**  
**SERVICES & INSURANCE PLAN,**  
By her attorneys,



Matthew E. Dwyer, BBO# 139840  
Brian M. Maser, BBO# 655667  
Dwyer, Duddy & Facklam, P.C.  
One Center Plaza, Suite 360  
Boston, MA 02108  
(617) 723-9777

Dated: 6/10/05  
f:\25hsip\workers' comp\nolin\pldgs\complaint.doc



**REIMBURSEMENT AGREEMENT  
AND CONSENT TO LIEN**

**Teamsters Union 25  
Health Services  
& Insurance Plan**

**TeamstersCare  
Member Services**  
16 Sever Street  
Sullivan Square  
Charlestown, MA  
02129-1309

**Telephone**  
*local:* 617-241-9220  
*in MA:* 1-800-442-9939  
*outside MA:* 1-800-225-6135

**Fax**  
617-241-8168

[www.teamsterscare.com](http://www.teamsterscare.com)

**Union Trustees**  
George W. Cashman  
*Co-Chairman*  
William H. Carnes  
Ritchie E. Reardon

**Employer Trustees**  
John J. Shaughnessy, Sr.  
*Co-Chairman*  
John J. McCarthy, Jr.  
Burton C. Trebour

**Executive Director**  
Rodney G. Smith

**Associate Fund Director  
- Operations**  
Daniel J. Sullivan, R.Ph.

**Associate Fund Director  
- Clinical Services**  
Carol A. Blanchard, D.D.S.

1. I hereby agree that, if the Teamsters Union 25 Health Services & Insurance Plan ("Health Plan") provides benefits to or on behalf of me or my dependent(s) as a result of injuries which I or my dependent(s) or legal representative(s) assert to be the legal responsibility of a third party, the Health Plan shall have the right to recover the full amount of such benefits from me or my dependent(s) without deductions or adjustments of any kind. I further agree that the Plan's lien and right to reimbursement shall not be dependent upon a formal adjudication of third party liability and shall extend to any lump sum or structured compromise settlement.

2. I further agree that I will promptly notify the Health Plan if I or my dependent(s) make any claim or bring any action against any third party as a result of the injuries sustained and if I or my dependent(s) recover any settlement or judgment from such a third party claim, I or my dependent(s) will reimburse the Health Plan for the full amount of such benefits, without deductions or adjustments of any kind, within 30 days following receipt by me or my dependent(s), or by an attorney acting on behalf of me or my dependent(s), of the proceeds of such settlement or judgment. I also agree to provide the Plan, upon request, all pertinent information relating to such claim or action and to execute any documents necessary to carry out my obligations under this Agreement. I understand that failure to comply with this Agreement may result in a suspension of benefits. I also agree that if reimbursement is not made within such 30 day period, I or my dependent(s) shall be liable for interest on the amount owed to the Health Plan or at a rate of 1% per month commencing on the 31<sup>st</sup> day following such receipt of the proceeds of settlement or judgment, together with all costs, including reasonable attorneys' fees and expenses of suit, incurred by the Health Plan in collecting such reimbursement.

3. I further agree that, to secure the above rights of reimbursement and any additional interest, costs and attorneys' fees for which I or my dependent(s) may be liable, the Health Plan shall have a lien against the proceeds of any such third party settlement or judgment which shall have priority over all other claims against such proceeds to the maximum extent allowed by law. The lien shall attach to such proceeds immediately upon receipt by me or my dependent(s), or by an attorney acting on behalf of me or my dependent(s), whichever occurs first, and shall be discharged only by written release executed by the Health Plan or its authorized representatives or attorneys.



- 2 -

4. I further agree to notify any attorney retained by me of the existence and terms of this agreement and irrevocably direct that any attorney acting on behalf of me or my dependent(s) to recover any such third-party settlement or judgment shall be bound by the terms of this Agreement and shall honor the lien and pay over to the Health Plan so much of such proceeds as are required to satisfy the obligations of this Agreement without any deduction or adjustment for attorney's fees. The name and address of such attorney, if already retained by my dependent(s) or me is set forth below. I agree to promptly notify the Health Plan if any new or different attorney is retained at a later time. I further understand and agree that the Health Plan is exempt from any state statute because that statute is pre-empted by ERISA, and I agree that this Agreement is valid and enforceable in accordance with its terms.

Name &amp; Address of Attorney:

Ralph Stew  
Salem MA  
(603) 893-4334

Executed this 28 day of August, 2002.

Witness Signature

Member Signature

Witness Signature

Claimant (If other than Member)

Personally appeared at

Boston, MA  
 (City and State)

Kurt Mohn, signer and sealer of the foregoing  
 (Claimant Name)

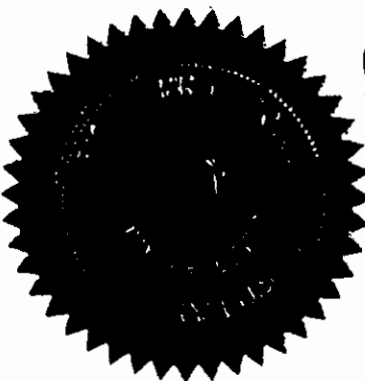
Agreement, who acknowledged the same to be his/her free act, before me.

Patricia Ann Lapointe  
 Notary Public Signature (Seal must be stamped)

Patricia Ann Lapointe  
 Notary Public

Commonwealth of Massachusetts  
 My Commission Expires September 24, 2004

My Commission Expires: \_\_\_\_\_



2002 JUN 17

**COMMONWEALTH OF MASSACHUSETTS**

Essex, ss.

Department of Industrial Accidents

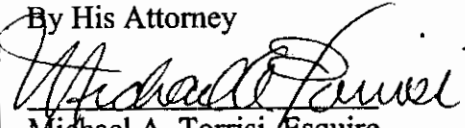
Employee: Keith Nolin  
Employer: US Food Services  
Insurer: US Food Services c/o AHOLD  
Date of Injury: 8/7/02  
Board No.: 32695-02

**Section 19 Agreement**

The parties to the above-entitled action hereby agree to the following in accordance with Section 19 of the Massachusetts General Laws Chapter 152, The Workers Compensation Act.

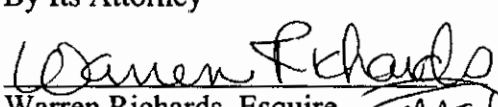
1. The insurer shall pay Section 34 benefits to the Employee at the rate of \$533.12 based on an average weekly wage of \$888.54 from August 7, 2002 to October 26, 2002 out of which the Employee shall reimburse the Teamsters for wage payments advanced.
2. The insurer shall receive a credit for prior payments made to the Employee in the amount of \$388.08 and \$140.00.
3. The insurer shall pay an attorney's fee to TORRISI & TORRISI, P.C. in the amount of \$950.00 plus a reimbursement of expenses in the amount of \$677.22.
4. The insurer shall pay all reasonable and related medical bills to date at applicable board rates including but not limited to third party notices of liens from "Future Health"; Teamsters Union 25 Health Services (medicals only); and The Rawlings Company, agent on behalf of Tufts Health Plan, Mr. Nolin's health insurance provider.
5. All payments are made without prejudice and the insurer does not accept liability for this claim.

Keith Nolin  
By His Attorney

  
Michael A. Torrissi, Esquire  
TORRISI & TORRISI, P.C.  
555 Turnpike Street, Suite 44  
North Andover, MA 01845  
978/683-4440

Dated: 6/3/03

US Food Services  
By Its Attorney

  
Warren Richards, Esquire  
459 Washington Street  
Box 211A  
Duxbury, MA 02331  
617/347-2760

Dated: 6/3/03

  
Approved for the Department by:

Dated: JUNE 6, 2003

TORRISI & TORRISI, P.C.  
ATTORNEYS AT LAW  
555 TURNPIKE STREET, SUITE 44  
NORTH ANDOVER, MASSACHUSETTS 01845  
TELEPHONE (978) 683-4440



**Teamsters Union 25  
Health Services  
& Insurance Plan**

July 22, 2003

**TeamstersCare  
Member Services**  
16 Sever Street  
Sullivan Square  
Charlestown, MA  
02129-1309

Mr. Keith Nolin  
88 School Street  
Salem, NH 03079-2601

Re: WC Claim 8/7/02

Dear Mr. Nolin:

**Telephone**

local: 617-241-9220  
in MA: 1-800-442-9939  
outside MA: 1-800-225-6135

Teamsters Union 25 Health Services & Insurance Plan processed a disability claim relating to the above-referenced matter as follows.

**Fax**

617-241-8168

<u>Dates</u>	<u>Weekly Amount</u>	<u>Amount Paid</u>
8/25/02 to 10/30/02	\$461.75	\$4,419.60

www.teamsterscare.com

**Union Trustees**

Ritchie E. Reardon  
Co-Chairman

Mark A. Harrington  
Lou DiGiampaolo

Since we have received notice that you were awarded workers' compensation benefits, the Plan must be repaid within seven days of the date of this letter. Please send payment immediately.

If you have any questions about this matter, you may call the Plan Office.

**Employer Trustees**

John J. Shaughnessy, Sr.  
Co-Chairman

Charles F. Arbing  
Thomas K. Wotring

Sincerely,

Barbara Vraibel  
Member Services

**Executive Director**

Rodney G. Smith

**Associate Fund Director**

– Operations  
Daniel J. Sullivan, R.Ph.

**Associate Fund Director**

– Clinical Services  
Carol A. Blanchard, D.D.S.





July 31, 2003

**Teamsters Union 25  
Health Services  
& Insurance Plan**

**TeamstersCare  
Member Services**  
16 Sever Street  
Sullivan Square  
Charlestown, MA  
02129-1309

**Telephone**

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**Executive Director**

Rodney G. Smith

**Associate Fund Director**

**- Operations**

Daniel J. Sullivan, R.Ph.

**Associate Fund Director**

**- Clinical Services**

Carol A. Blanchard, D.D.S.

Mr. Keith Nolin  
88 School Street  
Salem, NH 03079-2601

Re: Insurance Coverage – Lien Repayment

Dear Mr. Nolin:

We sent you a letter on July 22, 2003, requesting repayment of disability benefits. To date, we have not received a response. Therefore, we are exercising our option, as stated in the Lien Agreement signed by you, to suspend your medical benefits. If repayment of \$4,419.60 is not received within seven days of the date of this letter, all benefits will be suspended. Once repayment of the outstanding lien amount is received, benefits will be reinstated.

You may call the Plan Office if you have any questions concerning this matter.

Sincerely,

Carol A. Blanchard, D.D.S.  
Associate Director



August 20, 2003

**Teamsters Union 25  
Health Services  
& Insurance Plan**

**TeamstersCare  
Member Services**  
16 Sever Street  
Sullivan Square  
Charlestown, MA  
02129-1309

**Telephone**

local: 617-241-9220

in MA: 1-800-442-9939

outside MA: 1-800-225-6135

**Fax**

617-241-8168

[www.teamsterscare.com](http://www.teamsterscare.com)

**Union Trustees**

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*Co-Chairman*

Mark A. Harrington  
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Thomas K. Wotring

**Executive Director**

Rodney G. Smith

**Associate Fund Director**

**- Operations**

Daniel J. Sullivan, R.Ph.

**Associate Fund Director**

**- Clinical Services**

Carol A. Blanchard, D.D.S.

Mr. Keith Nolin  
88 School Street  
Salem, NH 03079-2601

Re: WC Injury-- Lien Repayment

Dear Mr. Nolin:

On August 8, 2003, we informed you that the Plan must be reimbursed by August 15, 2003 for a disability claim paid to you as a result of the above-referenced incident or benefits would be suspended.

Since you have not repaid the Plan, effective immediately, all benefits are suspended. They will be reinstated upon repayment of **\$4,419.60**.

If you have any questions about this matter, you may call the Plan Office.

Sincerely,

Daniel J. Sullivan, R. Ph.  
Associate Fund Director

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

1. Title of case (name of first party on each side only) Carol Blanchard, Executive Director of the Teamsters Union 25 Health Services & Insurance Plan v. Keith Nolin

2. Category in which the case belongs based upon the numbered nature of suit code listed on the civil cover sheet. (See local rule 40.1(a)(1)).

- ☐ I. 160, 410, 470, 535, R.23, REGARDLESS OF NATURE OF SUIT.
- ☒ II. 195, 196, 368, 400, 440, 441-446, 540, 550, 555, 625, 710, 720, 730, 740, 790, 791, 820\*, 830\*, 840\*, 850, 890, 892-894, 895, 950. \*Also complete AO 120 or AO 121 for patent, trademark or copyright cases
- ☐ III. 110, 120, 130, 140, 151, 190, 210, 230, 240, 245, 290, 310, 315, 320, 330, 340, 345, 350, 355, 360, 362, 365, 370, 371, 380, 385, 450, 891.
- ☐ IV. 220, 422, 423, 430, 460, 480, 490, 510, 530, 610, 620, 630, 640, 650, 660, 690, 810, 861-865, 870, 871, 875, 900.
- ☐ V. 150, 152, 153.

3. Title and number, if any, of related cases. (See local rule 40.1(g)). If more than one prior related case has been filed in this district please indicate the title and number of the first filed case in this court.

4. Has a prior action between the same parties and based on the same claim ever been filed in this court?

YES ☐ NO ☒

5. Does the complaint in this case question the constitutionality of an act of congress affecting the public interest? (See 28 USC §2403)

YES ☐ NO ☒

If so, is the U.S.A. or an officer, agent or employee of the U.S. a party?

YES ☐ NO ☐

6. Is this case required to be heard and determined by a district court of three judges pursuant to title 28 USC §2284?

YES ☐ NO ☒

7. Do all of the parties in this action, excluding governmental agencies of the united states and the Commonwealth of Massachusetts ("governmental agencies"), residing in Massachusetts reside in the same division? - (See Local Rule 40.1(d)).

YES ☐ NO ☒

A. If yes, in which division do all of the non-governmental parties reside?

Eastern Division ☐ Central Division ☐ Western Division ☐

B. If no, in which division do the majority of the plaintiffs or the only parties, excluding governmental agencies, residing in Massachusetts reside?

Eastern Division ☒ Central Division ☐ Western Division ☐

8. If filing a Notice of Removal - are there any motions pending in the state court requiring the attention of this Court? (If yes, submit a separate sheet identifying the motions)

YES ☐ NO ☐

(PLEASE TYPE OR PRINT)

ATTORNEY'S NAME Matthew E. Dwyer, Brian M. Maser

ADDRESS Dwyer, Duddy and Facklam, P.C., Two Center Plaza, Suite 430, Boston, MA 02108

TELEPHONE NO. (617) 723-9777

JS 44 (Rev. 11/04)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

**I. (a) PLAINTIFFS**

Carol Blanchard, Executive Director of the Teamsters Union 25 Health Services & Insurance Plan

(b) County of Residence of First Listed Plaintiff Suffolk  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

Matthew E. Dwyer, Brian M. Maser, Dwyer, Duddy and Facklam, P.C.  
Two Center Plaza, Suite 430, Boston, MA 02108

**DEFENDANTS**

Keith Nolin

County of Residence of First Listed Defendant Rockingham, NH  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                   | DEF                                   |   | PTF                        | DEF                        |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1            | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input checked="" type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input checked="" type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition		

**V. ORIGIN**

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation
- ☐ 7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

29 U.S.C. Sec. 1132(a)(3)

Brief description of cause:

Suit to recover disability benefits owed an employee benefit plan

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE